

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILING DATE

10/5883/6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
4		2						54					
5	1							55					
6								56					
7								57					
8								58					
9	1	2						59					
10								60					
11								61					
12		2						62					
13	1	2						63					
14		1						64					
15	1							65					
16		1						66					
17	1							67					
18		1						68					
19								69					
20								70					
21								71					
22								72					
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39								89					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	16		↓		↓		↓						
TOTAL DEP.	15		←		←		←						
TOTAL CLAIMS	2												